

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. Patrick Whyte**

Mailing Address 3644 Barnes Ave

City	State	Zip Code
Bronx	NY	10467

FEC ID number of contributing federal political committee.

C

Name of Employer

Personal Touch Home Care of NY

Occupation

Home Health Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17245

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. LATOYA WILLIAMS**

Mailing Address 415 E 26TH ST., APT 2

City	State	Zip Code
PATERSON	NJ	07514

FEC ID number of contributing federal political committee.

C

Name of Employer

TEANECK NURSING CENTER

Occupation

LAUNDRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17254

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. LAWANDA WILLIAMS**

Mailing Address 4728 APPALOOS ST.

City	State	Zip Code
WEST PALM BEACH	FL	33417

FEC ID number of contributing federal political committee.

C

Name of Employer

ST MARY MEDICAL CENTER

Occupation

MENTAL HEALTH TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17262

Amount of Each Receipt this Period

580.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

630.00